

Attorney Docket No.: 128596

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Hoyte et al.

Group No.: 2858

Serial No.:

10/722,771

Filed:

November 26, 2003

Examiner: Kramskaya, Marina

For:

METHOD AND SYSTEM FOR MULTI-FREOUENCY

INDUCTIVE RADIO MEASUREMENT

Mail Stop: AMENDMENT **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL

- 1. Transmitted herewith is:
 - Amendment in Response to the Office Action dated April 27, 2005 (10 pgs.)
 - Amendment Transmittal with Certificate of Express Mail (3 pgs., in duplicate)
 - One (1) page of Replacement Sheet Drawings
 - Return post card

STATUS

Applicant

claims small entity status. is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO THE COMMISSIONER FOR PATENTS

Express Mail No. EV 593382780 US

Date: June 23, 2005

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to: Mail Stop: AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

cychlewicz, Reg. No. 51,366

FEE FOR CLAIMS

4.	The fe	e for cla	ims (37 (C.F.R. 1.16(t)-(d)) has l	been calculated as s	hown	below:
	(Col. I)			(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY	
		LAIMS IAINING		HIGHEST NO. PREVIOUSLY	PRESENT			
	A	FTER				ADDITIONAL		ADDITIONAL
TOTAL INDEP.	AME	NDMENT	MINUS	PAID FOR	EXTRA	RATE FEE x \$25.00 = \$	OR	RATE FEE x \$50.00 = \$
			MINUS	-	-	x \$100.00 = \$		x \$200.00 = \$
	FIRS	ST PRESEN	TATION OF	MULTIPLE DEP. (L CLAIM	+\$180.00 = \$		+ \$360.00 = \$
						TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$
	(a) No additional fee for Claims is required							
OR								
	(b) Total additional fee for claims required \$							
FEE PAYMENT								
5.	5. Attached is a check in the sum of \$							
		Charge Deposit Account No. 01-2384 the sum of \$ A duplicate of this transmittal is attached.						
FEE DEFICIENCY								
6.	\boxtimes	If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.						
AND/OR								
	If any additional fee for claims is required, charge Deposit Account N 2384.							
7.		Other:					•	
					Reg. ARN One St. L	iam J. Zychlewicz No. 51,366 ISTRONG TEASI Metropolitan Squar ouis, MO 63102 621-5070		